In The Abstract

A quarterly newsletter from the
Kentucky Cancer Registry

Large Hospital Edition October, 2000

GUIDELINES FOR CODING BREAST CANCER HISTOLOGIES

According to SEER (ACoS concurs) the following guidelines should be used in coding IN SITU OR INFILTRATING DUCT (DUCTAL) CARCINOMAS:

- Code the stated type (subtype) of an in situ or infiltrating duct (ductal) carcinoma as follows, even if the code number is lower (or higher) than 8500.

Examples - Lower codes:
tubular type = 8211
mucinous (colloid) type = 8480
cribriform type = 8201
solid type = 8230

Examples - Higher codes:
comedo type = 8501
papillary type = 8503
medullary type = 8510
inflammatory type = 8530

- If the word “pattern” rather than type or subtype is used, consider this a synonym and code accordingly.

- If a diagnosis includes more than one subtype, use a combination code if one exists.

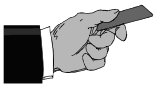
- If both in situ and invasive duct or ductal carcinoma are present, code the subtype stated for the invasive component

- If there is a type (subtype) stated for the in situ component and the invasive component diagnosis is carcinoma, NOS; adenocarcinoma, NOS; or malignant neoplasm, NOS; code the type specified for the in situ component but use a behavior code of /3.

NCDB CALL FOR DATA - A REMINDER

Be sure to keep an extra copy of your data submitted to NCDB should ACoS request re-submission at a later date. Submission of this data file is required for approval of a cancer program and ACoS will be monitoring compliance with this standard much more carefully this year. Numerous Kentucky hospitals reported in the past that the College indicated they had never received the diskettes. You may want to send the disk via certified mail with a return receipt requested.

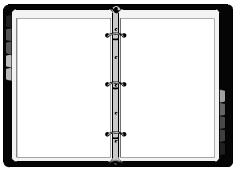
KCR FALL WORKSHOP - CEU'S REQUESTED



Sixty five registrars attended the Fall Conference this year which was held for the first time in conjunction with the Kentucky Cancer Program. The meeting was held at the Radisson Plaza Hotel in Lexington, September 14-16, 2000. On Thursday, speakers concentrated on topics specific to cancer registrars. On Friday and Saturday, registrars joined the Cancer Awareness Reaching Everyone (CARE) Conference which consisted of panel discussions on topics such as surveillance, education, best treatment practices, insurance standards, quality of life issues and the challenges of moving Kentucky's cancer plan forward.

Among the highlights of Thursday were the quartz clocks given to each attendee commemorating this year's workshop. Three door prizes were won by Sandy Thompson, Gail Henderson, CTR, and Sharon Isaacs, CTR. Special thanks goes to Reita Pardee, CTR, who assumed responsibility for this year's conference on Thursday. It was an excellent meeting.

The application for continuing education credits for each day of the entire conference has been forwarded to NCRA. Information regarding the number of approved hours will be forthcoming from KCR and published in the January issue of this newsletter.



DATES TO REMEMBER:

November, 2000	Summary Staging Manual 2000, available on SEER web site
December, 2000	ICD-O-3 Manual, available in hard copy, to be used with patients diagnosed in 2001
January 9, 2001 (tentative)	Satellite teleconference on ICD-O-3, sponsored by SEER
March, 2001	Summary Staging Manual 2000, available in hard copy, to be used with patients diagnosed in 2001
March 10, 2001	CTR Examination #1
May 21-26, 2001	NCRA Annual Meeting, Disney Hilton Hotel, Orlando, FL.
September 15, 2001	CTR Examination #2

Year 2002	ACoS ROADS Manual Revision due out
Year 2002	New ACoS Standard: Hospital must use the College of American Pathologists' (CAP) standard protocols for reporting complete, accurate and uniform information about adult malignant tumor specimens
Year 2002	AJCC Cancer Staging Manual, 6th Edition
Year 2003(target)	Implementation of Collaborative Stage Data Set

Golden Bug Award

Thanks to Serenea Pabst of St. Luke Hospital East, Ft. Thomas for discovering a bug in the NCDB program!

PEOPLE NEWS

Welcome to New Hires:

Matt Hawkins	Kentucky Cancer Registry, IS Technical Support
Margaret Kiener, RN	Norton Healthcare, Louisville
Martina Ward-Wilson	James G. Brown Cancer Center, Louisville

Job Changes:

Diane Roberts	Accepted a registrar position at Jennie Stuart Medical Center in Hopkinsville; formerly at Mahr Cancer Center in Madisonville.

Best Wishes to those Resigning:

Rita Prather, CTR	Jennie Stuart Medical Center, Hopkinsville
Missy Quillen	Appalachian Regional Hospital, Hazard
Pat Webb, RN, CTR	Norton Hospital, Louisville

Welcome to New CPDMS Users:

Roy L. Schneider Hospital	St. Thomas, Virgin Islands
Patricia Blyden, Director,	Health Information Management
Janice Friedman, LPN, CTR	Contract Registrar

EOD CODING CORNER

With the advent of EOD coding in Kentucky, the following information is being offered as a means of continuing education in the use of this staging system. Registrars are encouraged to submit EOD questions and problems to their regional coordinators and these will be shared via the newsletter as space permits.

Question #1:
I have a situation where lymph nodes were determined to be positive-first on CT scan and then confirmed by a biopsy. The patient had preoperative chemo and radiation; then surgery. Lymph nodes removed during surgery were pathologically negative. I want to code SEER Lymph Node Involvement as 'Lymph Nodes Involved, NOS' but I also need to code Regional Nodes Positive as 0. The CPDMS program will not let me do this. What should I do?

Answer:
There is a NAACCR edit check in place which prevents you from entering 'Nodes Involved' in one field, but zero nodes positive in another. SEER recognizes that this can happen since the Lymph Node Involvement field is a clinical as well as pathological assessment of nodes, whereas the Regional Nodes Positive field is a pathologic assessment only. When asked, Carol Hahn Johnson of SEER recommended recording '99' in the Regional Nodes Positive field in these situations.

Question #2:
Is there a time frame for recording regional nodes examined (element 60) and regional nodes positive (element 61)?

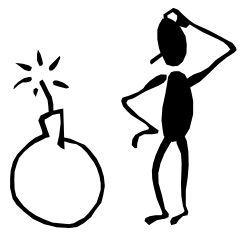
Answer:
No, according to April Fritz, SEER Data Quality Manager.

Question #3:
If there is no mention of lymph node involvement, do I <u>assume</u> the nodes are negative under SEER Lymph Node Involvement (data element 59)?

Answer:
1) Look in the site specific pages of the EOD manual for any special NOTES regarding this. For example, under Lung, p.91, there are Lymph Node Notes; under Bone, p.99, Note 3 is relevant to lymph nodes.

2) In the absence of these NOTES, if only scans have been done and are negative for node involvement, code as 00 NO INVOLVEMENT.

3) If neither surgery NOR scans have been done to assess the nodes, code 9-Unknown; not stated.



Question #4:
In the Lymphoma section, p. 180-181, there are no lymph node involvement codes listed(data element #59). Do I leave this element blank?

Answer:
No. The instruction on p. 181 indicates you are to code the Systemic Symptoms at Diagnosis in this field.

Question #5:
Under which data elements (clinical or pathologic) would you code the EOD for prostate cancer when the patient has a cryoprostatectomy?

Answer:
Cryoablation (cryoprostatectomy) is a term used for "freezing" the prostate gland rather than removing it. It should be coded under SEER Extent of Disease (data element #58) - clinical. The Pathologic Extent for Prostate (PEP) would be coded 99 -no prostatectomy done as part of first course treatment.

Question #6:
How is the SEER Extent of Disease (data element #58) coded if only a biopsy and no other diagnostic procedures are performed?

Answer:
During the EOD training workshops held by April Fritz, the instructions were to "code what is known." Therefore, if a primary of the stomach is biopsied and path report indicates "invasion of the lamina propria" and there are no other diagnostic procedures performed, code to 11-lamina propria.

Question #7:
In the colon/rectum section, p. 53 and 55, when is code 8, lymph nodes NOS used?

Answer:
Use when the path report states only that "lymph nodes" are involved. If the path says "regional lymph node involvement", code to 3-regional lymph node involvement, NOS. If the path names specific lymph nodes that are not found in codes 1 thru 3 (pages 53-55) code under DISTANT LYMPH NODES-code 7.

Question #8:
In coding AIDS/HIV status for lymphomas under tumor size, if there is no mention of this status, do I assume the answer is NO, Code 002?

Answer:
No. There is no specific NOTE that tells you to "assume" AIDS/HIV status. Based on the premise that you code to the level known, the tumor size data element #56 would have to be coded as 999-unknown.